

California Board of Behavioral Sciences

LICENSED CLINICAL SOCIAL WORKER WRITTEN CLINICAL VIGNETTE EXAMINATION CANDIDATE HANDBOOK



For Examinations December 1, 2005 and Later

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FOR MORE INFORMATION

All questions about written examination scheduling
should be directed to:

Thomson Prometric
1260 Energy Lane
St. Paul, MN 55108
800.897.2046
TDD User: 800.790.3926
Web site: www.experioronline.com

Questions about examination content or licensing
should be directed to:

Board of Behavioral Sciences
400 R Street, Suite 3150
Sacramento, CA 95814-6240
916.445.4933
Web site: www.bbs.ca.gov

GENERAL GUIDELINES AND INFORMATION

This handbook provides candidates with important information regarding the California Licensed Clinical Social Worker (LCSW) Written Clinical Vignette examination. This handbook is designed to provide candidates with the opportunity to develop an understanding of the examination process and format, and to familiarize candidates with what to expect during the examination.

The Board of Behavioral Sciences (BBS) strongly recommends that candidates study each section carefully in advance of the examination to contribute to a successful examination experience.

Objective of the BBS

State licensing boards are mandated to protect the public by developing examinations that determine minimum competency for licensure. Licensure is mandated for those who provide independent professional services to consumers.

In accordance with Sections 4996.1 and 4996.3 of the California Business and Professions Code, and Section 1877 of the California Code of Regulations, applicants for LCSW licensure must pass a Board-administered written or oral examination or both examinations. An applicant who passes the initial “Standard Written” examination is subsequently required to take and pass the Written “Clinical Vignette” examination prior to issuance of the license. The BBS does not currently require an oral examination.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods, as applicable to the LCSW scope of practice. This scope of practice is defined in Business and Professions Code Section 4996.9, which states, “...a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work.”

LCSW Examination Plan

The development of an examination program begins with an occupational analysis, most recently completed for LCSWs in 2004. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the

knowledge, skills, and abilities required to perform that job.

The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is job-related. The Department of Consumer Affairs’ Examination Validation Policy requires an occupational analysis be performed every three to seven years.

Last performed in 2004 for the LCSW profession, the analysis began with interviews of licensees to gather information about the tasks performed in practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task and knowledge area associated with their own practice.

The questionnaires were mailed to 2,680 LCSWs throughout California. Several panels of LCSWs reviewed the results of the questionnaire. The panels then established the content of the new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid LCSW examination plan.

The LCSW Written Clinical Vignette examination plan consists of the content areas listed on Page 8. In each content area, the examination plan describes examination content in terms of the task statements and knowledge areas resulting from the occupational analysis. **It is important that candidates prepare for the examination by studying the examination plan.**

The Written Clinical Vignette examination is directly related to clinical practice situations. Therefore, supervised clinical experience increases the likelihood of success in the examination. The types of clients and the overall presentation of the clinical situations and issues in the clinical vignettes are consistent with mainstream practice for entry-level LCSWs.

Examination Development

The LCSW examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists who are trained to develop and analyze occupational licensing examinations.

Currently practicing LCSWs who participate in examination development and review workshops are referred to as “Subject Matter Experts” (SMEs). The clinical vignettes and multiple-choice items associated with each clinical vignette are developed and verified by multiple panels of SMEs.

SMEs are trained in established examination development processes and measurement methodologies by the OER. The cooperative efforts among these members of the LCSW profession, the OER and the BBS are necessary to achieve

both the measurement and content standards for examination construction.

Establishing the Passing Standards

The LCSW written examinations measure knowledge and skills required for LCSW practice, and represent a standard of performance that LCSW SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Written Clinical Vignette examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on a minimum competence criterion that is defined in terms of the actual behaviors that qualified LCSWs would perform if they possessed the knowledge necessary to perform job activities.

THE EXAMINATION PROCESS

Examination Administration through Thomson Prometric

The State of California has contracted with Thomson Prometric (formerly Expor Assessment) to administer its examination program. LCSW candidates may test at any of the eight California testing centers, which are located in San Diego, San Francisco, Fresno, Fremont, Rancho Cordova, Van Nuys, Cerritos and Colton. Other testing site locations may be added, based on anticipated statewide candidate volume.

All questions and requests for information about examination administration should be directed to:

Thomson Prometric
1260 Energy Lane
St. Paul, MN 55108
800.897.2046
TDD User: 800.790.3926

Scheduling the Examination

APPOINTMENTS AND CANCELLATIONS

Upon receipt of your notice of eligibility (printed on the back cover of this handbook), you must arrange the time and place for taking your Written Clinical Vignette examination (original or retake) by calling 800.897.2046 between 5 a.m. and 6 p.m. Pacific time, Monday through Friday. You may take your examination at any California testing center. Please see the maps on Pages 28 and 29. Appointments are available six days per week at most centers. Schedule your test early to get your preferred site and time, preferably within 90 days from the date of your notice of eligibility.

If you miss or are late for your appointment, you will forfeit your examination fee. If you need to change your appointment between the time of scheduling and the test date, you must

During a criterion-referenced passing score procedure, a panel of LCSW SMEs also consider other factors that would contribute to minimum competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the BBS applies the same minimum competence standards to all licensure candidates.

Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer. A new version of the examination is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

contact Thomson Prometric (formerly Expor Assessment) **three full working days** before your scheduled date to allow time to refill your appointment slot. Your scheduled date does not count as a working day. For example, if you are scheduled on a Thursday, you must call to reschedule by closing (6 p.m.) the prior Friday. After that time, you must contact the BBS for instructions on rescheduling. You may reschedule your examination by calling Thomson Prometric at 800.897.2046.

EXAMINATION ELIGIBILITY EXPIRATION

FIRST TIME EXAMINEES: Examination eligibility expires and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.

RE-EXAMINATION APPLICANTS: Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

EMERGENCY CLOSURE

In the event of an emergency, Thomson Prometric (formerly Expor Assessment) may need to cancel scheduled examinations. In this situation, Thomson Prometric personnel will attempt to contact you via telephone; however, you may confirm your scheduled test by calling Thomson Prometric at 800.897.2046. If a site is closed, exams will be rescheduled at your earliest convenience, at no cost to you. To reschedule your examination, call the toll-free number.

Taking the Examination

Your examination will be given by computer at the testing center. You should arrive at least 15 minutes before your scheduled appointment to allow time for you to sign in, verify your identification and have your photo taken. You will have a minimum of 1½ hours (90 minutes) to take the examination. The time may increase to 2 hours for future examination versions as pre-test items are added (see Page 4). The BBS Web site will provide the most up-to-date information regarding examination length.

You do not need any computer experience or typing skills. You will have a personalized introduction to the testing system and an introductory lesson (tutorial) on the computer before you start your test. The time you spend in the tutorial does not count toward the time provided for your examination.

You must provide a valid form of identification before you may test. Your identification must meet the following criteria:

- be government-issued (driver's license, state-issued identification card or military identification);
- have a current photo and your signature; and
- reflect the same name as the name used to register for the examination (including designations such as "Jr." or "III," etc.).

FAILURE TO PROVIDE APPROPRIATE IDENTIFICATION AT THE TIME OF THE EXAMINATION IS CONSIDERED A MISSED APPOINTMENT.

If you cannot provide the identification as listed above, contact Thomson Prometric (formerly Experior Assessments) before scheduling your appointment to arrange for an alternative form of meeting this requirement.

If you reported a name change to the BBS after your eligibility was transmitted to Thomson Prometric, ensure the name on your identification matches Thomson Prometric's record prior to your examination.

Should you experience any disruption or difficulty during your examination, it is your responsibility to notify a proctor immediately so that the situation may be resolved whenever possible.

Examination Security

BBS SECURITY REQUIREMENTS

All examinations and related materials are copyrighted by the BBS and Thomson Prometric (formerly Experior Assessments). All examination materials are confidential. The BBS and the OER are committed to maintaining the security and the confidentiality of all examination materials during every phase of development, implementation and storage. The BBS strictly enforces examination security and will prosecute any individual who has been determined to be in violation of statutes pertaining to security.

Prior to receiving your notice of eligibility for the Standard Written examination, you were required to sign a security notice. When you signed this notice, you affirmed that you fully understand you are responsible for upholding examination security in accordance with Business and Professions Code Sections 123 and 584. A person found to be in violation is liable for damages sustained by the BBS in an amount not to exceed \$10,000 plus the costs of litigation. In addition, the BBS may deny, suspend, revoke, or otherwise restrict the license of an applicant or licensee.

Business and Professions Code Sections 123 and 584 state that a candidate is prohibited from engaging in any behavior that subverts or attempts to subvert a licensing examination or the administration of an examination. Conduct that subverts or attempts to subvert a licensing examination is defined as the unauthorized use of examination materials. This includes:

- removal of examination materials from the examination room;
- reproduction of any and all portions of a licensing examination;
- acquisition of examination materials before, during, or after the examination;
- preparation or instruction of applicants for the examination with the aid of examination materials; and
- possession of books, equipment, notes, written or printer materials, or data during the examination.

Prohibited conduct also includes:

- impersonating another candidate or having another person take the examination on one's behalf;
- communicating with other candidates during the examination;
- permitting one's answers to be copied by another candidate;
- paying or using professional examination takers to reconstruct any portions of a licensing examination;
- buying, selling, or receiving future, current, or previously administered examination materials; or
- obstructing the administration of the examination in any way.

SECURITY PROCEDURES AT THE TEST CENTER

Thomson Prometric (formerly Experior Assessments) reserves the right to videotape any examination session. In addition, the following security procedures will apply during the examination:

- examination contents are confidential and proprietary; no cameras, notes, tape recorders, pagers or cellular phones are allowed in the testing room;
- no programmable calculators are permitted;
- no guests, visitors or family members are allowed in the testing or reception areas; and

- no valuables or weapons should be brought to the testing center. Only keys and wallets may be taken into the testing area, and Thomson Prometric is not responsible for items left in the reception area.

Special Test Considerations

ACCESSIBILITY

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 888.226.9406.

EXAMINATION ACCOMMODATIONS

The BBS and Thomson Prometric (formerly Expor Assessment) recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Candidates whose primary language is not English may also qualify for accommodation.

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

HOW TO REQUEST ACCOMMODATIONS

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation" package. This package is available by contacting the BBS or online at www.bbs.ca.gov/bbsforms.htm. Do not call Thomson Prometric (formerly Expor Assessment) to schedule your examination until you have received written notification from the BBS regarding your request for accommodations.

Study Materials and Courses

The LCSW Written Clinical Vignette Examination Plan contained in this handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the examination plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the BBS's Web site at www.bbs.ca.gov.

Candidates are encouraged to trust in and use their clinical education, experience and judgment as a basis for responding to the examination items. Examination preparation courses are not necessary for success in the examination and are not a substitute for education and experience. However, they may

be useful for overcoming test anxiety or becoming familiar with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to become an informed consumer prior to purchase and to consider the impact that incorrect information could have upon your examination performance.

The BBS does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone. Examination preparation providers are regulated by the Bureau for Private, Post-Secondary and Vocational Education.

Examination Items

The LCSW Written Clinical Vignette examination consists of 4 to 6 clinical vignettes with 4 to 6 multiple-choice questions associated with each vignette, for a total of 30 multiple-choice items.

The examination may contain additional items for the purpose of pre-testing (up to 10 non-scoreable items). Pre-testing allows performance data to be gathered and evaluated before items become scoreable in an examination. These pre-test ("experimental") items, distributed throughout the examination, WILL NOT be counted for or against you in your score, and will not be identified to you.

All of the scoreable items in the Written Clinical Vignette examination have been written and reviewed by LCSWs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, and have been evaluated to ensure statistical performance standards are met.

The multiple-choice items evaluate candidate knowledge, skills, and abilities in the following content areas: Bio-Psychosocial Assessment; Diagnostic Formulation; Treatment Plan Development; Resource Coordination; Therapeutic Interventions; Legal Mandates; Ethical Standards for Professional Conduct; and Human Diversity as it impacts the therapeutic process.

The clinical vignettes describe clinical cases reflective of the types of clients and presenting problems consistent with entry-level practice. Clinical vignettes provide candidates with the opportunity to demonstrate their ability to integrate and apply professional knowledge and clinical skills.

The exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted.

The main differences between a clinical vignette item and a standard multiple choice item found on the LCSW Standard Written examination is that a clinical vignette may contain a series of items related to the same vignette, and the possible answers are longer and more complex, listing a sequence of actions or describing a process of applying knowledge.

Due to limitations of the computer screen size, candidates will view the vignette separately from the question and possible answers by pressing an “Exhibit” button. Candidates will receive a tutorial and the opportunity to ask for assistance if needed before the time on the examination begins and during the examination. **IT IS IMPORTANT TO FAMILIARIZE YOURSELF WITH THE COMPUTER FUNCTIONS PRIOR TO BEGINNING THE EXAMINATION.**

EXAMPLE CLINICAL VIGNETTE

To follow is an example of the format and structure of items you may encounter during the examination. The following “Exhibit (Vignette)” item is an example of the type of clinical vignettes candidates may encounter in the examination.

This clinical vignette has two corresponding multiple-choice items. Each multiple-choice item requires the examinee to select the correct answer from among the four options (A-D) provided.

There is only one correct answer for each multiple-choice item. The ‘incorrect’ answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no ‘trick’ questions in the examination.

EXHIBIT (Vignette)

Daniel, age 38, is referred by his minister. Daniel has been married 16 years and has two children. Recently, he found out that his wife has been having an affair for the past four months. He complains that he has difficulty sleeping at night and concentrating at work. He also complains that he has been getting into arguments with everyone. He states, “She told me she doesn’t love me anymore and plans to take my children and move in with that guy. I will never allow this. The children belong to me and no other man is going to raise them. How do you think I can stop her from taking my kids away?”

1. What diagnoses should be considered in the case in the accompanying EXHIBIT?

- A. V code Occupational problem
V code Partner relational problem
V code Religious or spiritual problem
Adjustment disorder w/mixed anxiety and depressed mood
- B. Major depression
Depressive disorder NOS
V Code Partner relational problem
Adjustment disorder w/mixed anxiety and depressed mood
- C. Primary insomnia
Depressive disorder NOS

- V code Religious or spiritual problem
Adjustment disorder w/mixed anxiety and depressed mood
- D. Anxiety disorder
Major depression
Depressive disorder NOS
Adjustment disorder w/mixed anxiety and depressed mood

2. What are the initial goals of treatment in the case in the accompanying EXHIBIT?

- A. Referral for couples counseling
Referral for psychiatric medication
Reduction of depressive symptoms
Monitor for potential danger to self and others
- B. Reduce marital conflict
Reduction of symptoms
Referral for religious counseling
Monitor for potential need for Tarasoff warning
- C. Reduce marital conflict
Reduction of symptoms
Referral for psychiatric medication
Monitor for potential danger to self and others
- D. Referral for legal consultation
Referral for psychiatric medication
Normalize dissolution of relationship
Monitor for potential danger to self and others

*Correct Answers: 1-B, 2-D

Understanding the Examination Results

At the end of your test, one of the following will happen.

1. You will receive a notice acknowledging your participation in the examination and a score report by mail.

The delay in processing results is necessary to ensure fairness to candidates who take the examination. Most of the clinical vignettes have not been pretested because the examination is newly constructed.

Thomson Prometric (formerly Experior Assessments) will report your results directly to the BBS. To ensure validity, a statistical analysis of a certain number of completed examinations is required. Once the minimum number of completed examinations is met, it will take approximately two weeks for the analysis to be performed, the passing score validated, and the results to be mailed to candidates.

Your examination results are confidential and for your protection, will only be released to the BBS and to you in writing.

OR

2. A pass or fail result will be shown on the screen and you will receive a printed score report.

Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

IF YOU FAIL THE EXAMINATION

The score report will indicate the candidate's overall score and result, including the number of questions answered correctly. It also provides an indication of how the candidate performed on each major section of the test. This is intended to guide candidates in areas requiring additional preparation for re-testing.

A raw score is reported, but candidates may determine the percentage achieved by dividing the number of questions answered correctly by the total number of scoreable questions in the examination. A sample breakdown is provided on the paper licensing Examination Score Report shown below.

License Examination Score Report for Sample, Sarah A.		
California Licensed Clinical Social Worker Written Clinical Vignette Examination		
	Number of Questions	Number Correct
Total Test Score	30	16
	<u>Area(s) Deficient</u>	
Bio-Psychosocial Assessment		
Diagnostic Formulation		
Treatment Plan Development		*
Resource Coordination		
Therapeutic Interventions		*
Legal Mandates and Ethical Standards		*
	Score: 16	
	Result: Fail	

To determine the percentage achieved in the above sample, divide 16 by 30 ($16 \div 30 = 53.3\%$). **Human diversity** is measured throughout the exam and is not represented as a specific area on the score report. The content areas associated with **law** and **ethics** are merged for the score report.

Recall that the exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted.

Candidates may call or write to Thomson Prometric (formerly Expor Assessment) to request a duplicate of the score report for a period of one year after completing the examination.

The BBS welcomes constructive feedback from candidates regarding their examination experience. Feedback must be submitted in writing within 30 days after the examination to: Board of Behavioral Sciences, 400 R Street, Suite 3150,

Sacramento, CA, 95814-6240. All correspondence should include the candidate's name, address, daytime telephone number, name of examination and date taken, examination site and BBS file number.

Examination Administration Complaints

Thomson Prometric's (formerly Expor Assessments) goal is to provide a comfortable and professional testing experience for every examinee. If a disruption or problem occurs, which you believe will substantially impact the outcome of your examination, you must document your concerns on the exit survey at the end of your examination. It is suggested that such events also be documented on a Candidate Comment Form available at all test centers.

The Candidate Comment Form is self-addressed to the Department of Consumer Affairs OER and will be forwarded to the BBS. Complete all information requested on the Candidate Comment Form, stamp it and mail it. If you request to be contacted regarding your comments, the BBS will contact you within 15 days of receiving the form.

The Candidate Comment Form is also a means for examinees to provide constructive feedback regarding your examination experience and/or comment on examination content.

Re-examination

Candidates who fail are eligible to re-take this examination. A Request for Re-Examination form will be provided with result notices at the testing centers, or may be obtained by contacting the BBS. A Request for Re-Examination form will be mailed to candidates with delayed score reports.

To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent approximately 160 days from the date of the examination. Candidates are permitted to take the examination two times in a 12-month period.

CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

Abandonment of Application/Ineligibility

FIRST TIME EXAMINEES: Title 16, California Code of Regulations Section 1806 (c) states, "An application shall be deemed abandoned if the applicant fails to sit for examination within one (1) year after being notified of eligibility." Abandonment of an application requires the candidate to submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if that candidate wishes to pursue licensure.

RE-EXAMINATION APPLICANTS: Business and Professions Code Section 4996.4 states, "An applicant who fails any written or oral examination may, within one year from the notification date of failure, retake that examination as regularly scheduled,

without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all fees required.

Applicants failing to appear for re-examination, once having been scheduled, shall forfeit any re-examination fees paid.”

AFTER PASSING THE EXAMINATION

Request for Initial License Issuance

Candidates are eligible to apply for licensure after passing the Written Clinical Vignette examination!

To apply, candidates must submit a Request for Initial License Issuance and the required fee to the BBS. Request for Initial License Issuance forms are provided with candidate result notices and are also available by contacting the BBS. A Request for Initial License Issuance form will be mailed to candidates with delayed score reports.

When your license number is issued, it will be available on the BBS's Web site. Your license certificate will be mailed within 30 working days of issuance.

Instructions for Determining Amount of Initial License Fee

The amount of the initial license fee will be prorated and established according to the month of issuance (month fee received by the BBS) and expiration date of the license (candidate's birth month).

Please refer to the Fee Chart to determine the amount you should submit with your Request for LCSW Initial License Issuance.

Example 1: If your birth month is March and the BBS receives your Request for Initial License Issuance in April, the fee amount that should be submitted with your request is \$100.00. Your license would be valid for approximately 24 months.

Example 2: If your birth month is April and the BBS receives your Request for Initial License Issuance in April, the fee amount that should be submitted with your request is \$54.00. Your license would be valid for approximately 13 months.

Your application shall be deemed abandoned if you fail to pay the initial license fee within one year after notification by the BBS of successful completion of the examination requirements.

LCSW INITIAL LICENSE FEE CHART

→ Month Fee Received by Board of Behavioral Sciences →

↓Birth Month↓	January	February	March	April	May	June	July	August	September	October	November	December
January	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58
February	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62
March	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67
April	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71
May	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75
June	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79
July	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83
August	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87
September	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92
October	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96
November	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100
December	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54

LICENSED CLINICAL SOCIAL WORKER
Written Clinical Vignette Examination Outline
Effective December 2005 to present

Content Areas*
I. Bio-Psychosocial Assessment
II. Diagnostic Formulation
III. Treatment Plan Development
IV. Resource Coordination
V. Therapeutic Interventions
VI. Legal Mandates
VII. Ethical Standards for Professional Conduct

*The exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted. Human diversity is measured throughout the exam and is not represented as a specific area on the score report.

The content areas associated with ethics and legal are merged on the score report.

LCSW Written Clinical Vignette Examination Plan
Effective December 2005 to present

The following pages contain detailed information regarding examination content. A DEFINITION and DESCRIPTION of each content area, and the associated task and knowledge statements are provided.

The DEFINITION provides a general description of what the questions pertaining to that content area are designed to assess.

The DESCRIPTION provides a summary of the key components that may be presented to the candidate, specific to the vignette.

It is important for candidates to use this section as a study guide because each item in the Written Clinical Vignette examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

I. Bio-Psychosocial Assessment

Definition: This area assesses the candidate's ability to evaluate the bio-psychosocial factors relevant to gaining a clinical understanding of the client and the presenting problem.

Description: The candidate assesses and evaluates the interactions of psychological symptoms, intrapersonal and interpersonal resources, risk factors, and client readiness, within the context of the client's socio-cultural perspective.

A. Assessing for Risk

TASKS

- Assess for suicide potential by evaluating client's intent, means, and history to determine need for immediate intervention.
- Evaluate level of danger client presents to self and/or others to determine need for immediate intervention.
- Evaluate client for grave disability to determine need for immediate intervention.
- Evaluate degree of risk of abuse or neglect of a child to determine need for referral to a child protective services agency.
- Evaluate degree of risk of abuse or neglect of dependent adult or elderly client to determine need for referral to an adult protective services agency or ombudsman.

KNOWLEDGE OF:

- Knowledge of psychological, physical, and behavioral indicators of abuse and neglect.
- Knowledge of sociocultural factors that affect the assessment of client risk.
- Knowledge of risk factors that indicate a high potential for suicide within age, gender, and cultural groups.
- Knowledge of legal criteria for identifying clients who require involuntary treatment or detention.
- Knowledge of methods for assessing the risk of decompensation and hospitalization.
- Knowledge of criteria for evaluating the safety of a child's environment.
- Knowledge of physical, behavioral, and psychological indicators of suicidal and/or self-injurious behavior.
- Knowledge of criteria for determining whether client's living situation constitutes high risk for abuse.
- Knowledge of risk factors that indicate a client's potential for causing harm to others.
- Knowledge of criteria for assessing the risk of abuse, neglect, or exploitation of elder and dependent adults.
- Knowledge of risk factors associated with diagnostic categories and clinical populations that indicate a high potential for suicidal and/or self-injurious behavior.

B. In-Depth Assessment – Comprehensive Exploration of Symptoms (Psychological Factors)

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> Assess client's physical appearance and presentation to evaluate effects of presenting problem on client's functioning. Assess client's mood, affective responses, and impulse regulation to identify patterns of emotional functioning. Evaluate client's ability to care for self by assessing impact of cognitive or physical impairments. Identify perceptual and cognitive functions that require referral for psychological testing. Identify perceptual, cognitive, and personality issues that suggest referral for vocational testing. Identify psychiatric and physical symptoms or characteristics to determine need for psychiatric or medical referral. Identify symptoms of perceptual, cognitive, and learning disorders that require referral for educational testing. 	<ul style="list-style-type: none"> Knowledge of the effects of aging on client's independent functioning. Knowledge of behavioral, physiological, and psychological indicators of emotional distress in assessing client's psychosocial functioning. Knowledge of behavioral, physiological, and psychological factors that indicate a need for psychiatric or medical evaluation. Knowledge of methods and techniques for assessing the client's ability to provide for self-care needs. Knowledge of the effects of mood disturbance on psychosocial functioning. Knowledge of types of information available in employment, medical, psychological, and school records to provide assessment and diagnostic information. Knowledge of psychological, cognitive, and behavioral factors that indicate a need for a psychological and vocational testing. Knowledge of methods and techniques for assessing the impact of the mental health history of the client's family on the client's current problems and issues. Knowledge of the effect of mental disorders on psychosocial functioning. Knowledge of methods and techniques for assessing the impact of the client's previous mental health treatments on the client's current problems and issues.

C. In-Depth Assessment – Comprehensive Exploration of Symptoms (Cultural/Personal Factors)

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> Evaluate effects of client and family's spiritual beliefs on presenting problem. Assess client's degree of acculturation to determine impact on presenting problem. Identify impact of client's experience of life stressors within context of client's race, culture, country of origin, age, gender, religion, sexual orientation, marital status, and level of ability. Assess nature of client's familial relationships by evaluating the family structure within the client's cultural identity. Identify impact of client's culture on client's presentation of psychological or physical problems. 	<ul style="list-style-type: none"> Knowledge of methods for assessing the client's degree of acculturation. Knowledge of methods and techniques for assessing the impact of the client's level of acculturation on the presenting problem. Knowledge of methods and techniques for assessing the impact of other peoples' values, culture, and life experiences on the client's presenting problem. Knowledge of methods and techniques for assessing the client's experience of social and cultural biases and discrimination and their impact on the presenting problem. Knowledge of methods and techniques for assessing how the client's values, personal preferences, and cultural identity impact the presenting problem.

D. In-Depth Assessment – Comprehensive Evaluation of Problem (Social-Environmental History)

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Assess history of trauma and abuse to determine impact on current functioning.• Evaluate impact of psychosocial and environmental stressors on client's symptomatology.• Assess client's employment history to evaluate past and present impact of presenting problem in occupational settings.	<ul style="list-style-type: none">• Knowledge of the cycle of abuse that perpetuates intergenerational violence and trauma.• Knowledge of how cultural influences affect the client's perception of life events as traumatic.• Knowledge of the effects of family structure and dynamics on the client's development of role identity and patterns of interpersonal interaction.• Knowledge of the interrelationship between client's behavior in social and work environments and behavior in other areas of client's life.• Knowledge of how to assess the relationship between life events and the stressors the client experiences.• Knowledge of the effects of sociocultural factors on the client's presenting problem.

E. In-Depth Assessment – Comprehensive Evaluation of Problem (Medical and Developmental History)

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Assess client's perception of the impact of physical limitations on adaptive functioning.• Assess how client's medical conditions affect past and current adaptive functioning.• Assess impact of patterns of familial interaction and beliefs on client's physical health and wellness.• Identify possible deficits in client's developmental level to determine need for further evaluation.	<ul style="list-style-type: none">• Knowledge of the relationship between medical conditions and psychosocial functioning.• Knowledge of symptoms of medical conditions that may impact client psychosocial functioning.• Knowledge of the effects of medications and their impact on the client's adaptive functioning.• Knowledge of methods and techniques for assessing the impact of client's family medical history on current problems and issues.• Knowledge of the effects of social, cultural, and environmental influences on aging and health.• Knowledge of theories of aging and development that explain biological and cognitive changes.• Knowledge of the relationship between level of functioning and normative developmental stages throughout the life span.• Knowledge of common physical conditions, psychological issues, and behavioral patterns associated with specific developmental or life phases.• Knowledge of developmental processes of individual growth and change.• Knowledge of the effect of biological and environmental influences on specific developmental and life phases.• Knowledge of theories of stages of cognitive development.

F. In-Depth Assessment – Comprehensive Evaluation of Problem (History of Substance Use/Abuse)

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Assess impact of client's substance abuse on family members and significant others to determine need for concurrent services.• Assess social and familial factors associated with or contributing to the client's substance use.• Assess types and patterns of use to determine substance abuse and/or dependence.	<ul style="list-style-type: none">• Knowledge of the effect of substance use and abuse on psychosocial functioning.• Knowledge of physical and behavioral indicators associated with substance abuse.• Knowledge of the impact of substance use or abuse on family and social relationships and role functioning.• Knowledge of physical and behavioral indicators associated with substance dependence.• Knowledge of physical and behavioral signs indicating current substance intoxication and/or withdrawal.• Knowledge of the impact of social, cultural, and familial factors on substance use and abuse.

G. In-Depth Assessment - Comprehensive Evaluation of Inter - and Intra-Personal Resources

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Assess current living conditions to determine impact of the environment on the person in the situation.• Assess impact of the client's family and social network on the presenting problem.• Assess socioeconomic factors to determine the impact of financial stressors on current problem.• Identify information regarding client's past and present coping strategies and strengths as they relate to the presenting problem.	<ul style="list-style-type: none">• Knowledge of the effect of economic factors and stressors on psychosocial functioning.• Knowledge of the relationship between social supports and adaptive functioning.• Knowledge of affective reactions to life stressors or situations that impact psychosocial functioning.• Knowledge of theories of coping and adaptive responses to life events.

II. Diagnostic Formulation

Definition: This area assesses the candidate's ability to use assessment information to formulate an accurate differential diagnosis within the client's socio-cultural perspective.

Description: The candidate uses assessment information and knowledge of diagnostic criteria to formulate a differential diagnosis to provide a focus for developing a treatment plan and formulating interventions.

TASKS

- Integrate information about the client's premorbid functioning in developing a differential diagnosis or problem formulation.
- Compare assessment information with diagnostic criteria in formulating differential diagnoses.
- Incorporate information about the client's physiological status in formulating differential diagnoses.
- Integrate information regarding the impact of the client's cultural/ethnic background and beliefs on the experience and presentation of symptoms in formulating a differential diagnosis.
- Integrate collateral information from referral sources in developing a differential diagnosis or problem formulation.
- Identify persistence of symptoms to determine if problem is acute or chronic.
- Develop clinical diagnosis or problem formulation to provide basis for interventions.
- Identify extent of impairment and its impact on the client's level of functioning to develop a diagnostic impression.
- Integrate assessment information to determine depth and breadth of impairment on adaptive functioning.
- Integrate information about the precipitating events in developing a differential diagnosis or problem formulation.
- Identify psychological and environmental stressors to determine impact on symptomatology.

KNOWLEDGE OF:

- Knowledge of Diagnostic and Statistical Manual of Mental Disorders classifications of symptoms and disorders.
- Knowledge of how to evaluate and integrate information about the client's premorbid condition and precipitating events into the formulation of a differential diagnosis.
- Knowledge of situations that require consultation with a client-identified expert for clarifying diagnosis or problem formulation within the framework of the client's culture and beliefs.
- Knowledge of the relationship between biochemistry and psychiatric disorders.
- Knowledge of how to evaluate and integrate client's past mental and medical health history to formulate a differential diagnosis.
- Knowledge of situations that require consultation with other professionals in developing or clarifying a diagnosis or problem formulation.
- Knowledge of the defining characteristics of symptoms that indicate provisional diagnoses.
- Knowledge of the psychoactive qualities of substances that contribute to dependence, physical addiction, or impairment.
- Knowledge of the social work diagnostic framework for identifying and evaluating presenting symptoms.
- Knowledge of the impact of cultural factors on the formulation of a differential diagnosis.
- Knowledge of the relationship between psychosocial and environmental factors and symptom development.
- Knowledge of the relationship between onset of signs and symptoms and duration of the problem.
- Knowledge of behavioral, physiological, and psychological indicators of developmental disorders.
- Knowledge of the relationship between persistence of symptoms and the course of the problem.
- Knowledge of methods for differentiating between disorders that share common symptoms.
- Knowledge of criteria for classifying substance use, abuse, and dependency.
- Knowledge of the short- and long-term side effects of medications and their effect on the client's presenting symptoms.

III. Treatment Plan Development

Definition: This area assesses the candidate's ability to develop a treatment plan consistent with assessment and diagnostic information.

Description: In the treatment plan the candidate identifies and prioritizes objectives, goals and methods of treatment, and integrates and coordinates concurrent treatment modalities and adjunctive resources relevant to the phases of therapy. The candidate's plan develops strategies to monitor the impact of collateral resources and progress toward treatment outcomes, the need for revisions, and includes a plan for termination.

A. Identify/Prioritize Objectives, Goals, and Methods of Treatment

TASKS
<ul style="list-style-type: none">• Identify level of intervention required to address the client's areas and degree of impairment in developing the treatment plan.• Integrate aspects of client's value and belief systems into the development of the treatment plan.• Develop measurable objectives to facilitate treatment goals.• Select therapeutic interventions by evaluating presenting problem in conjunction with treatment goals.• Select treatment modalities based on client needs, diagnosis, and assessment.• Develop preliminary termination plan to provide a structure for treatment.• Prioritize interventions according to applicable phase of treatment and client's preparedness to work with the therapeutic issues involved.• Incorporate interventions into the treatment plan that address the needs associated with client's clinical diagnosis.

KNOWLEDGE OF:
<ul style="list-style-type: none">• Knowledge of methods and techniques for enhancing client motivation in treatment.• Knowledge of methods for engaging mandated, resistant, and noncompliant clients in the therapeutic process.• Knowledge of client characteristics that affect client adaptation in different therapeutic modalities or treatment settings.• Knowledge of the components of a treatment or service plan for each phase of the therapeutic process.• Knowledge of methods for determining service priorities by evaluating level of impairment in areas of client functioning.• Knowledge of methods for determining the timing of interventions according to phase of therapy.• Knowledge of methods for prioritizing symptoms to determine target areas for improving client functioning.• Knowledge of culturally competent interventions to provide services to diverse populations.• Knowledge of strategies for determining therapeutic goals to direct treatment.• Knowledge of techniques for integrating client's current experiences, values, and belief systems into the treatment plan.• Knowledge of the differential use of psychotherapeutic techniques in treating problems or disorders.• Knowledge of techniques for determining compatibility of treatment modalities with specific problems or disorders.• Knowledge of methods for developing short- and long-term treatment objectives to address therapeutic problems.• Knowledge of methods for determining length of therapy based on diagnosis and client's goals for treatment.• Knowledge of the components of individual treatment plans to provide for clients with special needs.

B. Integrate/Coordinate Concurrent Treatment Modalities and Adjunctive Resources

TASKS
<ul style="list-style-type: none">• Determine need for referral to adjunctive treatment resources to support the treatment plan.• Evaluate need for a treatment program based on severity of substance abuse and impairment to client functioning.• Evaluate efficacy of collateral support systems for inclusion in treatment plan.• Implement therapeutic techniques congruent with client's racial, cultural, country of origin, gender, sexual orientation, marital status, or level of ability to provide treatment.

KNOWLEDGE OF:
<ul style="list-style-type: none">• Knowledge of the dynamics of working across disciplines in developing comprehensive and integrated treatment.• Knowledge of methods for accessing and coordinating multiple interventions across disciplines.• Knowledge of methods for incorporating collateral support systems in therapy.• Knowledge of techniques for combining treatment modalities in treating specific problems or disorders.• Knowledge of the effect of psychotropic medications on therapeutic interventions.• Knowledge of methods for integrating mainstream, complimentary, and alternative treatment modalities that are consistent within the framework of the client's cultural identity, beliefs, and values into treatment.

C. Monitoring, Evaluation and Revision of Treatment Plan

TASKS
<ul style="list-style-type: none">• Determine effectiveness of therapeutic interventions by evaluating progress toward treatment objectives.• Adjust treatment plan and interventions as indicated by client's changing needs and goals.• Determine evaluation criteria to monitor progress toward goals and objectives.

KNOWLEDGE OF:
<ul style="list-style-type: none">• Knowledge of techniques for re-engaging mandated, resistant, and noncompliant clients in treatment.• Knowledge of methods and procedures for formulating an after-care plan.• Knowledge of methods for assessing qualitative and quantitative therapeutic change.• Knowledge of methods for consolidating therapeutic gains to facilitate and maintain client's achievements outside therapy.• Knowledge of methods for evaluating and monitoring treatment plan to ensure consistency with changing client goals and needs.• Knowledge of methods for formulating behavioral indicators to measure and evaluate therapeutic change.• Knowledge of changes in client functioning that indicate readiness to terminate therapy.• Knowledge of procedures for evaluating therapeutic change in preparation for termination.• Knowledge of methods and procedures for accessing and coordinating interventions across disciplines in an after-care plan.

IV. Resource Coordination

Definition: This area assesses the candidate's ability to coordinate and provide access to resources, and to evaluate the efficacy of the referrals.

Description: The candidate collaborates with the client and others to increase the client's access to relevant resources, evaluates these resources for meeting the client's needs, and provides psychoeducation to service providers as an advocate for improving client services and supporting client's rights.

A. Service Identification and Coordination

TASKS

- Evaluate suitability of community resources to provide supportive services commensurate with client needs.
- Evaluate suitability of current and prospective caregivers to provide supportive services commensurate with client needs.
- Evaluate client's current needs and prognosis for change to assist in determining least restrictive placement environment.
- Coordinate linkages with support systems and services to facilitate access by client.

KNOWLEDGE OF:

- Knowledge of criteria for determining least restrictive environment to provide for care and safety of client.
- Knowledge of methods for identifying and incorporating community support systems and resources that are consistent with client's beliefs and values.
- Knowledge of types of placements available for the short- and long-term care of client's of differing levels of care.
- Knowledge of methods for evaluating conditions in the home to determine need for additional services.
- Knowledge of methods and procedures for facilitating client's transition to a less restrictive setting.
- Knowledge of methods for identifying community support services that meet client needs.
- Knowledge of methods for evaluating the suitability of a caregiver and the home or placement for providing services addressing client's current or prospective needs.
- Knowledge of methods for identifying and incorporating community support systems and resources relevant to the client's culture, background, beliefs, and values.
- Knowledge of methods for evaluating client's ability to access support services and treatment sources.
- Knowledge of federal, state, and local, public, and private social services that provide assistance with meeting client's basic needs.
- Knowledge of methods for identifying and incorporating community support systems and resources for transient and homeless clients.
- Knowledge of criteria for evaluating the level of care of a prospective or current placement to meet client's needs.

B. Client Advocacy and Support

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Educate client about how to access support services including access to legal advocacy to support client's rights.• Implement interventions and referrals that increase the client's ability to more independently access services related to housing, medical care, employment, transportation, and the provision of basic needs.• Monitor services provided by agencies, caregivers and placement settings to evaluate whether the needs of the client are being met.• Advocate for protective placement to assist client with leaving a dangerous or unsafe environment.• Advocate with community resources related to housing, education, and the provision of basic needs to improve service delivery and to protect client rights.	<ul style="list-style-type: none">• Knowledge of methods for increasing client's ability for self-advocacy.• Knowledge of methods for evaluating the usage and efficacy of referral sources.• Knowledge of standards, laws, and regulations regarding housing, accessibility, employment, and equal opportunity to protect client's rights.• Knowledge of criteria for evaluating safety of client placement.• Knowledge of laws, statutes, and regulations relating to residential placement.• Knowledge of advocacy methods for increasing client's access to needed resources.• Knowledge of methods for providing psychoeducational services to the client.• Knowledge of the benefits of psychosocial education to clients and their families about the nature of mental disorders.• Knowledge of methods for providing psychoeducational services to community service providers.

V. Therapeutic Interventions

Definition: This area assesses the candidate's ability to provide a range of therapeutic interventions specific to client needs and consistent with the client's socio-cultural context.

Description: The candidate selects and implements interventions based on assessment, diagnosis, and the treatment plan, and manages the therapeutic process.

A. Crisis Intervention

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Implement techniques to assist client's exploration of options to increase adaptive functioning.• Evaluate nature and severity of current crisis to determine intervention strategy.• Implement techniques to assist client to verbalize source of crisis.• Identify client's level of functioning prior to crisis to establish goals for postcrisis functioning.• Develop a stabilization plan with client in crisis to prevent further decompensation.	<ul style="list-style-type: none">• Knowledge of methods for implementing strategies and interventions with clients in emergency situations.• Knowledge of the effect of crisis on emotional and psychological equilibrium.• Knowledge of counseling techniques to assist client in crisis to regain emotional balance.• Knowledge of transitional crises created by immigration and acculturation.• Knowledge of intervention strategies to reduce self-destructive and/or self-injurious behavior.• Knowledge of crisis intervention techniques to provide immediate assistance to client.• Knowledge of the psychological characteristics and emotional reactions to crisis events or trauma.• Knowledge of therapeutic techniques for improving adaptive functioning of client in crisis.

B. Short-Term Therapy

TASKS
<ul style="list-style-type: none">• Apply a problem-solving approach in therapy for treating the problem as it impacts the client's current functioning.• Instruct client in techniques for increasing rational thought processes to enhance client's problem-solving and decision-making ability.• Implement interventions for facilitating the client's ability to identify the interrelationship between past events and current behaviors.• Provide psychoeducation about loss and stages of grieving process to facilitate client's normalization of feelings and experiences.• Provide psychoeducation about normal reactions to stress to assist client with managing transitional life issues.• Facilitate client's coping and planning strategies for addressing issues associated with major life events/potentially life-changing events.• Assist client to identify precursors to relapse to facilitate joint development of a relapse prevention plan.• Apply a treatment plan for accomplishing symptom reduction using a brief therapy model.

KNOWLEDGE OF:
<ul style="list-style-type: none">• Knowledge of methods and interventions for increasing client's ability to manage stressors resulting from changes in life circumstances.• Knowledge of the intervention models for Brief Therapy and their indications and contraindications for use.• Knowledge of techniques and procedures for implementing interventions using a Brief Therapy model.• Knowledge of the effect of client's prior coping patterns and life experiences on adjustment to trauma.• Knowledge of the stages of loss and grief.• Knowledge of counseling techniques to assist survivor of trauma to work through feelings associated with the experience.• Knowledge of the effect of patterns of interpersonal relations on ability to maintain social relationships.

C. Therapy for Children and Adolescents

TASKS
<ul style="list-style-type: none"> • Determine baseline levels of maladaptive behaviors to measure therapeutic change. • Implement interview techniques consistent with child's cognitive development. • Select age-appropriate interventions to facilitate child's understanding of the presenting problem. • Select interventions congruent with child's cultural identity to facilitate child's engaging in therapy. • Assist child to develop coping strategies to facilitate adjustment to changes in life circumstances. • Assist adolescent to become aware of shifting emotional states to develop adaptive coping strategies. • Provide psychoeducation to parents/caregivers to enhance their understanding of the developmental process of the adolescent entering adulthood. • Provide psychoeducation to adolescents regarding developing healthy, reciprocal peer relationships. • Assist adolescent to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors. • Provide training to children and adolescents in self-initiated strategies for managing the impact of stressors on thoughts and feelings. • Implement therapy techniques with client to address the issues or emotions underlying aggressive behavior. • Provide social skills training to modify maladaptive interpersonal behavior in order to improve client's ability to develop and maintain relationships with others. • Provide assertiveness training to promote client's self-esteem and self-confidence. • Determine antecedents of client's maladaptive behaviors by identifying the internal and/or external stimuli leading to the undesired responses. • Provide therapy involving structured task completion to improve child's ability to focus on specific tasks. • Provide parenting skills training to improve parents'/caregivers' ability to care for children.

KNOWLEDGE OF:
<ul style="list-style-type: none"> • Knowledge of methods for preventing relapse with child/adolescent client in recovery. • Knowledge of common psychological reactions related to biological changes of adolescence and young adulthood. • Knowledge of counseling techniques for dealing with physical, emotional and psychological issues that contribute to substance use and abuse. • Knowledge of methods and techniques to identify source of resistance to treatment • Knowledge of methods and techniques for assisting client with achieving goals of individuation associated with age and psychosocial stages of development. • Knowledge of counseling techniques to facilitate client's recognition of emotional and psychological sources of anger. • Knowledge of counseling techniques for children and adolescents to assist client's psychological adjustment to sexuality issues. • Knowledge of behavior management interventions that reduce disruptive behavior in a variety of environments. • Knowledge of the principles of learning theory to explain the acquisition of behaviors • Knowledge of intervention methods for treating substance dependency. • Knowledge of behavioral and emotional responses in children resulting from parental separation or divorce. • Knowledge of developmental theories and their application to children and adolescents in a clinical setting. • Knowledge of techniques for increasing attention span by modifying child's environment. • Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in children and adolescents. • Knowledge of developmentally appropriate therapeutic techniques for treating children and adolescents. • Knowledge of therapeutic techniques to decrease violent or aggressive behavior. • Knowledge of the effect of gender role expectations and stereotypes on child and adolescent development.

C. Therapy for Children and Adolescents *(continued)*

TASKS
<ul style="list-style-type: none"> • Develop child/adolescent client's awareness of the need for emotional and physical boundaries to promote client's sense of self as a separate entity. • Provide counseling to adolescent client to deal with issues associated with the biological, psychological, and social transition from childhood to adulthood. • Address adolescent's body image distortions to develop a reality-based perception of the physical self. • Provide supportive therapy to client experiencing gender identity or sexual orientation issues to • Instruct children and adolescents regarding self-control techniques to promote awareness of the consequences of their actions. • Provide psychoeducation to child/adolescent client about the physical and psychosocial effects of substance use to promote resistance to continued substance usage.

KNOWLEDGE OF:
<ul style="list-style-type: none"> • Knowledge of the developmental stages of defining sexual identity and preference. • Knowledge of the physical and psychosocial effects of substance use on children and adolescents. • Knowledge of methods and techniques for providing psychoeducation to parents and caregivers of children and adolescent clients. • Knowledge of types of learning disabilities that impede academic performance. • Knowledge of effect of cultural, racial, and ethnic values and beliefs on behavior of children and adolescents. • Knowledge of the effects of racism and discrimination on development of self-concept. • Knowledge of factors that affect client adjustment during emancipation process.

D. Therapy for Adults (Individual and Group)

TASKS
<ul style="list-style-type: none"> • Apply therapeutic techniques to integrate thoughts, feelings, and actions to assist client to achieve congruence of self. • Provide psychotherapy to survivor of abuse to reduce the impact of the experience. • Teach client anger management techniques to increase client's ability to manage aggressive impulses. • Provide psychotherapy to client with substance abuse problem to facilitate client's ability to address the contributing factors and dynamics of substance abuse. • Provide supportive therapy to elderly clients and their families to facilitate their ability to address the physical and psychological effects of the aging family member(s). • Instruct client in environmental modification techniques for limiting stimuli that elicit undesired behaviors and increasing stimuli that elicit desired behaviors. • Conduct symptom management training with psychiatric client to minimize effect of disorder on functioning. • Provide psychoeducation for family members to facilitate treatment compliance of client. • Teach client conflict management skills to increase client's ability to reach suitable resolutions in disputes.

KNOWLEDGE OF:
<ul style="list-style-type: none"> • Knowledge of the relationship of the positive effects of physical and cognitive activity on functioning in later adulthood. • Knowledge of theories of group dynamics. • Knowledge of cognitive restructuring techniques to change maladaptive thought patterns. • Knowledge of the relationship between interpersonal interactions and social functioning. • Knowledge of the effect of cognition on interpretation of behavioral responses. • Knowledge of the biological, social, and psychological aspects of mental illness and emotional functioning. • Knowledge of sexual dysfunctions that indicate need for specialized services. • Knowledge of methods and techniques for conducting group psychotherapy. • Knowledge of the biological, social, and psychological aspects of aggression. • Knowledge of methods and techniques for providing psychoeducation to individual clients and groups. • Knowledge of the effect of gender role expectations and stereotypes on adult psychosocial functioning.

D. Therapy for Adults (Individual and Group) *(continued)*

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Implement psychodynamic techniques to assist client with bringing preconscious processes into conscious awareness. • Provide psychoeducation regarding stages of the life cycle to normalize client's experiences. • Instruct client in techniques to generate rational thoughts and attitudes to assist development of adaptive behaviors. • Implement techniques for motivating client to attend substance treatment programs. • Assist client to identify cognitions that maintain maladaptive behavior. • Provide supportive therapy to psychiatric client to increase compliance with medical and pharmacological interventions. • Conduct psychoeducational groups for medication education and compliance to facilitate symptom stabilization. • Implement techniques to assist client to generalize successful behaviors to new situations. • Implement techniques for increasing client's awareness of how past experiences have influenced present life patterns. • Apply systems approach in therapy to determine impact of interactions between the person and the environment. • Confront client's inappropriate and/or antisocial behavior to provide opportunities for change. • Implement techniques for increasing client's awareness of own defense mechanisms to assist client with recognizing problematic thoughts, emotions, and consequences. • Teach client relaxation skills to increase client's ability to manage symptoms of anxiety. 	<ul style="list-style-type: none"> • Knowledge of stress management techniques to reduce anxiety or fearful reactions. • Knowledge of interventions and techniques for assisting client with managing own anger and aggression. • Knowledge of therapy methods and techniques to assist client with adjusting to the effects of racism and discrimination. • Knowledge of psychodynamic techniques for resolving emotional conflict or trauma. • Knowledge of methods for implementing desensitization techniques to reduce client symptoms. • Knowledge of techniques to assist client to adjust to physical, cognitive, and emotional changes associated with the aging process. • Knowledge of the effects of unconscious processes on behavior. • Knowledge of the protective function of defense mechanisms against anxiety. • Knowledge of the application of experiential techniques to assist client to achieve treatment goals. • Knowledge of methods and techniques for teaching client self-implemented therapeutic techniques as part of the treatment process. • Knowledge of the concept of insight in successful resolution of past trauma or conflict. • Knowledge of the biological, social, and psychological aspects of substance use and addiction. • Knowledge of therapeutic techniques for increasing client's feelings of self-worth. • Knowledge of methods for assessing maladaptive functioning in interpersonal relationships. • Knowledge of the impact of cultural, racial, and ethnic values and beliefs on adult behavior. • Knowledge of the effect of events in client's past on current experiences.

E. Therapy for Couples

TASKS
<ul style="list-style-type: none"> • Implement communication techniques with couples to promote mutual disclosure and discussion. • Identify strategies couples can implement to balance external responsibilities with personal relationship. • Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship. • Provide counseling to couples considering separation or divorce to address issues of loss. • Provide premarital counseling to assist couple's transition to new family system. • Educate clients about the stages of development of the couple relationship to normalize changes and transitions. • Provide therapy and psychoeducation to couples to address issues of a blended family. • Implement strategies to increase the safety the couple feels in the relationship. • Assist couple to identify the relationship strengths from which effective coping strategies may be based. • Identify patterns of interaction between the individuals within a couple to determine positive and negative impacts on the relationship. • Teach conflict management skills to the individuals within a couple to increase the ability to reach suitable resolutions in disputes. • Determine goal of couple's therapy by evaluating each individual's motivation. • Assist nontraditional couples (same sex, mixed cultures, mixed ethnicity, and age differences) to identify specific needs and develop external support system and coping strategies. • Implement techniques to increase the individuation of the individuals within a couple by establishing clear and permeable boundaries within systems. • Provide education regarding values identification and clarification to develop mutual acceptance, tolerance, and cohesion in relationship. • Determine impact on the individuals within a couple of multigenerational interactional patterns by evaluating the history of family relationships.

KNOWLEDGE OF:
<ul style="list-style-type: none"> • Knowledge of the effect of incongruent goals of couples on therapeutic process. • Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in couples. • Knowledge of techniques to increase intimacy within couple relationships. • Knowledge of the aspects of relationships that result in problems or conflicts for couples. • Knowledge of methods and techniques for facilitating a couple's ability to address maladaptive relationship patterns. • Knowledge of techniques to assist client to develop individual roles and identities within the couple relationship. • Knowledge of the impact of communication and interactional styles on couple relationships. • Knowledge of techniques for teaching conflict resolution and problem-solving skills with individuals in a couple. • Knowledge of counseling techniques to assist couples with psychological adjustment to sexuality issues. • Knowledge of methods and techniques for facilitating a couples' ability to minimize the effects of external pressures on intimacy needs. • Knowledge of the effect of gender role expectations and stereotypes on communication and partner expectations in couples. • Knowledge of issues resulting from dissolution of couple relationships. • Knowledge of therapeutic methods to establish individual and system boundaries. • Knowledge of the effect of unrealistic role assignments on couple relationships. • Knowledge of the dynamics of the marriage/partner relationships that shape and change the relationship. • Knowledge of methods and techniques for teaching couples how to improve their communication.

F. Therapy for Families

TASKS
<ul style="list-style-type: none"> • Provide information to clients regarding developmental stages of the family to facilitate understanding of family change. • Implement strategies for changing disruptive interaction styles to strengthen family cohesion. • Identify separation issues in parent-child relationship to promote age-appropriate individuation. • Identify transitional issues in parent-child relationship to promote age-appropriate differentiation. • Mediate conflict regarding couple's parenting styles to effect consistency in child's environment. • Provide information and resources to parents regarding growth and development of children to increase understanding of child's needs and progress. • Identify differences in multigenerational acculturation to determine source of value conflicts between family members. • Provide family therapy to achieve reunification goals. • Apply family treatment strategies to strengthen parent/child relationships to minimize effect of separation or divorce. • Develop family reunification goals by identifying changes that must be made to improve family functioning. • Assist clients to clarify family roles to facilitate adjustment to new blended and/or nontraditional family structure. • Provide psychosocial information to families regarding environmental and biological components that impact development. • Identify patterns of interaction among family members to determine sources of conflict. • Identify family of origin influences to understand impact on present family functioning. • Identify family structure to clarify roles and boundaries of the family unit.

KNOWLEDGE OF:
<ul style="list-style-type: none"> • Knowledge of behaviors or reactions that indicate problematic separation or attachment issues. • Knowledge of how cultural, racial, and ethnic values and beliefs affect behavior and expectations of family on family members. • Knowledge of the effect of conflicting or inconsistent parenting styles on child's level of functioning. • Knowledge of the impact of the family's communication and interactional styles on the family members interpersonal dynamics and relationships. • Knowledge of parenting skills necessary to provide for care of children. • Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in family groups. • Knowledge of the impact of cultural views regarding family structure and values. • Knowledge of the aspects of interpersonal relationships that result in problems or conflicts within family groups. • Knowledge of therapy techniques to strengthen or reestablish family roles. • Knowledge of behavioral and emotional responses in family members resulting from parental separation or divorce. • Knowledge of the effect of differences in multigenerational acculturation on family structure and values. • Knowledge of techniques to identify multigenerational transmission of patterns and interactions that impact client functioning. • Knowledge of techniques to educate children regarding the relationship between behavior and consequences. • Knowledge of the implications of family history for understanding its influence on current family functioning. • Knowledge of different types of supportive services to strengthen family system. • Knowledge of therapeutic interventions to improve family transactions. • Knowledge of therapeutic techniques to increase individuation within existing system structures. • Knowledge of the stages of developmental changes that occur within the family system. • Knowledge of group process methods for improving patterns of communication between family members. • Knowledge of the family life cycle that results in transitions and changes in status. • Knowledge of techniques to identify different power bases within family structure.

G. Managing the Therapeutic Process

TASKS
<ul style="list-style-type: none">• Identify cultural help-seeking behaviors to understand ways by which client presents with psychological or physical problems.• Implement strategies to address language barriers to facilitate client expression and understanding.• Implement strategies for facilitating client's identification of own strengths to support own ability to achieve treatment goals.• Implement strategies for incorporating aspects of client's belief system into therapy to minimize barriers.• Implement strategies for establishing and maintaining the therapeutic alliance during the course of treatment.

KNOWLEDGE OF:
<ul style="list-style-type: none">• Knowledge of methods and techniques for addressing the communication needs of clients with communication-related disabilities and/or English language communication needs.• Knowledge of the stages of the client/therapist relationship and how it progresses over time.• Knowledge of techniques for establishing a therapeutic framework with diverse populations.• Knowledge of techniques to promote client engagement in therapeutic process.• Knowledge of the relationship between client sense of self-worth and client functioning.

VI. Legal Mandates

Definition: This area assesses the candidate's ability to identify and apply legal mandates to clinical practice.

Description: The candidate applies knowledge of legal mandates such as scope of practice, privileged communication, confidentiality, reporting requirements, involuntary hospitalization, professional conduct, and other legal mandates.

A. Protective Issues/Mandated Reporting

TASKS

- Report known or suspected abuse of a dependent adult client to initiate investigation by protective authorities.
- Evaluate whether client, if due to mental illness, is a danger to self or others, or is gravely disabled to initiate protective involuntary hospitalization.
- Evaluate client and the content of therapy to identify holder of privilege.
- Report known or suspected abuse or neglect of a child to initiate investigation by protective authorities.
- Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.

KNOWLEDGE OF:

- Knowledge of criteria for determining abuse, neglect, or exploitation of dependent adults.
- Knowledge of laws regarding privileged communication to protect client's rights and privacy.
- Knowledge of laws regarding payment or acceptance of money for referral of services.
- Knowledge of reporting requirements regarding duty to warn when client indicates intent to harm others.
- Knowledge of legal criteria for assessing grave disability of client to establish need for food, shelter, or clothing.
- Knowledge of laws regarding holder of privilege.
- Knowledge of legal requirements regarding the mandatory and discretionary reporting of suspected or known abuse.
- Knowledge of legal requirements for disclosing confidential material to other individuals, agencies, or authorities.

B. Professional Conduct

TASKS

- Maintain boundaries with client by adhering to legal guidelines regarding sexual relations.
- Implement therapeutic techniques congruent with professional competence to provide services within scope of practice.
- Obtain client's written permission to disclose privileged information to protect client's right to privacy.
- Maintain client records in accordance with state and federal regulations.
- Provide "Professional Therapy Never Involves Sex" brochure to client when client discloses allegations of sexual misconduct in previous therapy.
- Disclose fees or the basis on which fees are computed for services to client prior to starting therapy.

KNOWLEDGE OF:

- Knowledge of laws which define the boundaries and scope of clinical practice.
- Knowledge of laws regarding disclosing fees for professional services.
- Knowledge of laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations.
- Knowledge of laws regarding sexual misconduct between therapist and client.

VII. Ethical Standards for Professional Conduct

Definition: This area assesses the candidate's ability to identify and apply ethical standards relevant to clinical practice.

Description: The candidate applies knowledge of ethical responsibilities that include conflict of interest, therapeutic boundaries, dual relationships, confidentiality and scope of competence. The candidate also recognizes when to obtain consultation from other professionals.

TASKS

- Provide client with reasonable notification and referral resources when treatment must be interrupted or terminated.
- Disclose exceptions to confidentiality to inform client of limitations of privileged communication.
- Seek consultation before countertransference issues interfere with treatment.
- Collaborate with other professionals when issues arise outside the therapist's expertise.
- Maintain awareness of impropriety involving the offer, solicitation, or acceptance of money or other consideration for referral of services to avoid negatively impacting the therapeutic relationship.
- Bill for services within the structure of the "fees for service" communicated to client prior to initiating treatment.
- Maintain clear and professional boundaries with client to prevent dual/personal relationship that could negatively impact the therapeutic relationship.
- Provide client with office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship.
- Provide client with information regarding extent and nature of services available to facilitate client's ability to make educated decisions regarding treatment.

KNOWLEDGE OF:

- Knowledge of methods and conditions for communicating to client about acceptance of money or other payments for referral of services.
- Knowledge of criteria for determining competency to practice.
- Knowledge of methods and conditions for disclosing fees for professional services.
- Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.
- Knowledge of therapist issues and conflicts that interfere with the therapeutic process.
- Knowledge of the limits of confidentiality within the therapeutic framework.
- Knowledge of ethical considerations and conditions for interrupting or terminating treatment.
- Knowledge of limitations of professional experience, education, and training to determine issues outside therapeutic competence.
- Knowledge of methods and conditions for disclosing confidential material to other individuals, agencies, or authorities.
- Knowledge of ethical standards for providing services congruent with client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation or level of ability.
- Knowledge of ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements.
- Knowledge of ethical responsibility to provide client with information regarding the therapeutic process and services.

CALIFORNIA TESTING CENTERS

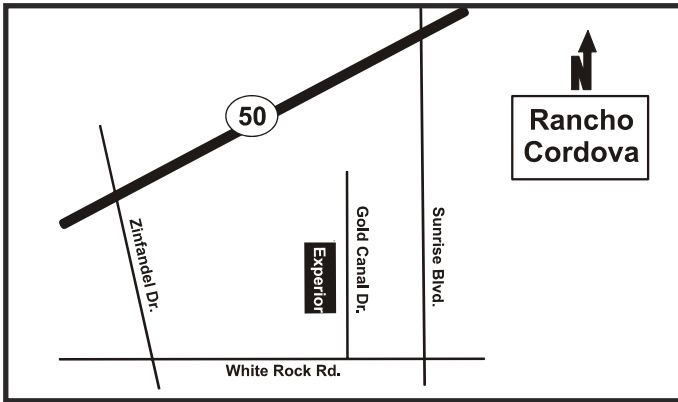
If you are unfamiliar with the area, please contact the testing center during testing hours for directions. Please direct registration, scheduling and any other questions to Thomson Prometric (formerly Experior Assessments) at 800.897.2046.

MAPS ARE NOT DRAWN TO SCALE.

Rancho Cordova Center

3110 Gold Canal Drive, Suite E
Rancho Cordova, CA 95670
916.851.8340

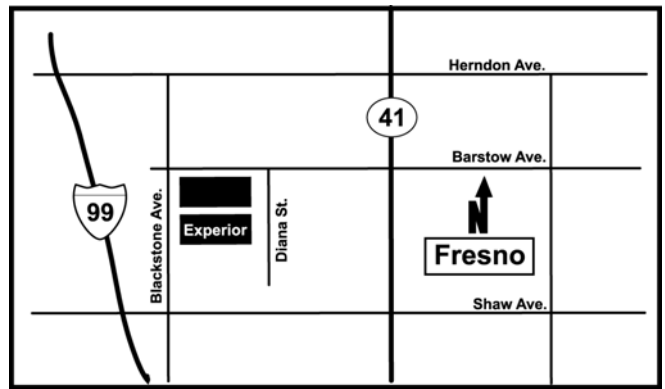
From Hwy 50, take either the Sunrise Blvd. or Zinfandel Dr. exit and head south. Turn on White Rock Rd. and turn again onto Gold Canal Dr. The testing center is on your left. Turn into the first driveway on your left to park in front of the building. Additional parking is available around the building.



Fresno Center

125 E. Barstow Avenue, Suite 136
Fresno, CA 93710
559.226.3334

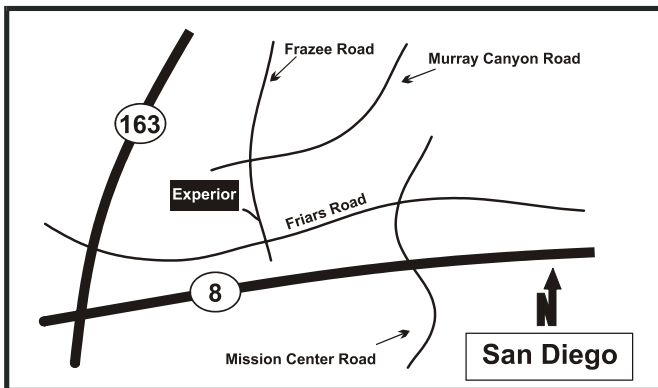
From Hwy 41, exit west on Shaw; turn right (north) on Blackstone. From northbound I-99, exit east on Shaw; turn left (north) on Blackstone. Turn right (east) on Barstow. At 125 E. Barstow, turn right on Diana, and then right into the parking area. The testing center is located in the second building from Barstow. Parking is available around the building.



San Diego Center

1450 Frazee Road, Suite 410
San Diego, CA 92108
619.574.1840

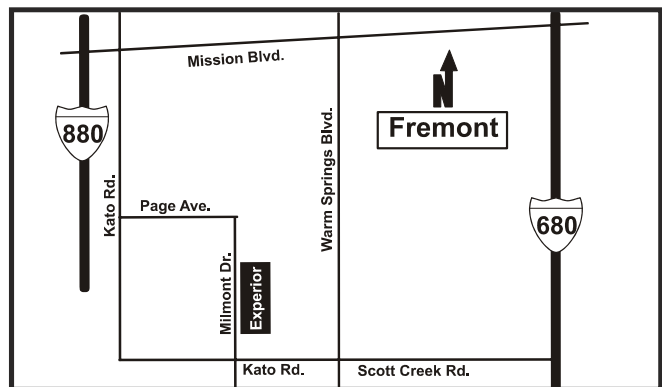
From Highway 163, take the Friars Road exit east to Frazee Road. Turn left (north) on Frazee Road. The testing center is in the building on your left. Parking is available all around the building.



Fremont Center

48860 Milmont Drive, Suite 103C
Fremont, CA 94538
510.687.0821

From I-880, take the Mission Blvd exit and head east; turn right (south) on Warm Springs Blvd, right again on Kato Rd and right again on Milmont Dr. From I-680, take the Scott Creek Rd exit and head west; Scott Creek Rd becomes Kato Rd; turn right on Milmont Dr. The testing center is on your right. Parking is available around the building.



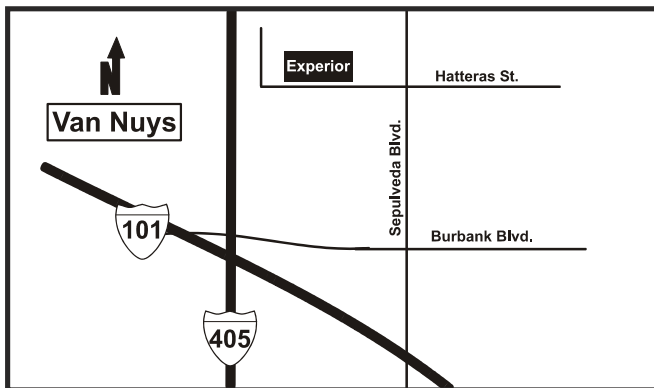
CALIFORNIA TESTING CENTERS (CONT.)

MAPS ARE NOT DRAWN TO SCALE.

Van Nuys Center

John Laing Holmes Building
5805 Sepulveda Blvd., Suite 601
Van Nuys, CA 91411
818.781.9981

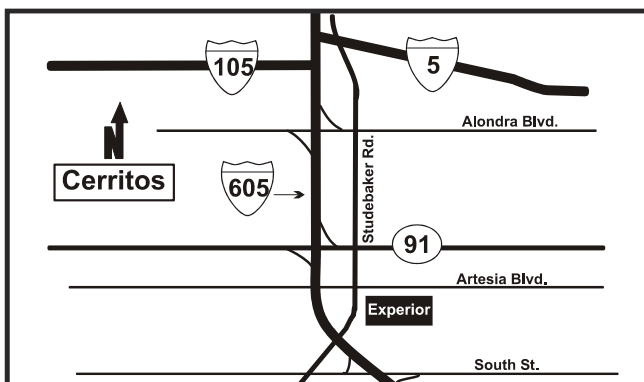
From I-405, take the Burbank Blvd exit and head east; turn left (north) on Sepulveda Blvd. The testing center is located at the intersection of Sepulveda and Hatteras. Paid parking is available in the lot; free parking may be available on the street.



Cerritos Center

Caremore Building
18000 Studebaker Road, Suite 680
Cerritos, CA 90703
562.860.1748

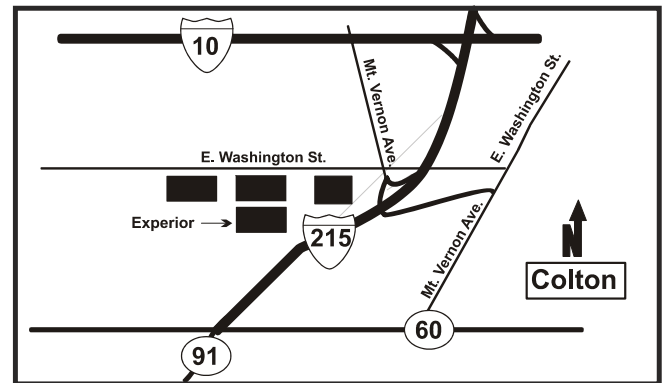
From I-605 south, take the Alondra Blvd exit, turn left (east) on Alondra Blvd and right (south) on Studebaker. From I-605 north, take the South Street exit; turn left (west) on South St. and right on Studebaker. Parking is available around the building.



Colton Center

Rancho Las Palomas
1060 E. Washington Street, Suite 110
Colton, CA 92324
909.783.2255

From I-215, take the Mt. Vernon Ave. exit; head west on E. Washington. The testing center will be on your left, in the 2-story Rancho Las Palomas building behind Del Taco. Parking is available around the building.



San Francisco Area Center

222 Kearny Street, Suite 603
San Francisco, CA 94108
415.834.1357

From I-80 heading south, take the Fremont Street exit and turn left. At the first intersection, turn left onto Howard Street. Turn right onto 3rd Street, which becomes Kearny Street. The testing center is on the right-hand side of the road.

From I-80 heading north, take the 4th Street exit toward Embarcadero. Turn a slight left onto Bryant Street, then left onto 3rd Street, which becomes Kearny Street. The testing center is on the right-hand side of the road.

Parking is available nearby. Please be prepared to pay for your parking. The nearest BART location is at the intersection of Montgomery Street and Market Street. The building is also accessible by MUNI.



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BOARD OF BEHAVIORAL SCIENCES
400 R ST., SUITE 3150, SACRAMENTO, CA 95814-6240
TELEPHONE: 916.445.4933 TDD: 916.322.1700
WEBSITE ADDRESS: www.bbs.ca.gov



STATE OF CALIFORNIA
NOTICE OF ELIGIBILITY
(N-36 REV 12/05)

You are eligible to participate in the Written Clinical Vignette examination for licensure as a Licensed Clinical Social Worker. This is the **ONLY** notice of eligibility you will receive from the BBS for this examination. Please retain it for your records. Your address label below contains important date information. In the upper-left corner of the address label (above your name) is the date your application for this examination was approved; following that is the date by which you must take your examination. **You must take the Written Clinical Vignette examination by the date specified on the label or you will be required to reapply** (see *Abandonment of Application/Ineligibility* on Page 6 of this handbook).

This handbook provides important information regarding Written Clinical Vignette examination procedures and content. To schedule your examination, please refer to the instructions in this handbook. Schedule your examination early to get your preferred test center location and date, preferably within 90 calendar days of your eligibility date.

Upon passing the Written Clinical Vignette examination, you are eligible to apply for licensure! Please refer to Page 7 of this handbook for more information.

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